Wisconsin Department of Safety and Professional Services

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PROFESSIONAL ASSISTANCE PROCEDURE

WORK SUPERVISOR REPORT FORM

Complete this form and submit it to PAP on or before each quarterly due date. You may copy this blank form so you have forms for future reports. It is recommended you keep a copy of each completed form for your files.

Please Print Clearly

Name of Employee: _____
Last   First   Middle

Place of Employment: _____
Name of Employer   Type of Facility

Address of Employment: _____
Street   City   State   Zip Code

Employee's Job Title: _____

Date Report is Due: _____ Dates of Employment: _____
Month / Day / Year   Month / Day / Year

Hours of Employment: _____ Full-time? _____ Yes _____ No
Part-time? _____ Yes _____ No

Name and Position of Immediate Supervisor: _____
Last   First   Middle

1. Describe the employee's job responsibilities in the last 3 months. _____
_____
_____
_____

2. Describe the employee's quality of work in the last 3 months. _____
_____
_____
_____

3. Does this employee have access to controlled substances? _____ Yes _____ No
Does this employee administer controlled substances? _____ Yes _____ No
Does this employee dispense controlled substances? _____ Yes _____ No
Have there been any problems with this? _____ Yes _____ No
If yes, describe further.

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4.   Describe attendance problems in the last 3 months. _____

_____

_____

_____

5.   Describe employee's relationships with others (patients, clients, coworkers) in the last 3 months. _____

_____

_____

_____

6.   Has this employee had a work performance evaluation during the last 3 months?   _____ Yes   _____ No

If yes, enclose a copy. _____

7.   To the best of your knowledge, do you believe this employee is remaining

abstinent from all mood-altering substances, including alcohol?   _____ Yes   _____ No

If no, explain further. _____

_____

8.   List others at your facility involved in monitoring this employee.

Name: _____
       Last   First   Middle   Title

Name: _____
       Last   First   Middle   Title

Name: _____
       Last   First   Middle   Title

9.   Additional coments, questions or concerns: _____

_____

_____

_____

_____

_____

_____   _____

Signature   Date

_____

Print Name

(_____) _____

Phone Number

Return the completed form to "PAP" at the above address. (Attach additional sheets if necessary.)